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то:	FROM:	10					
Examiner Brian J. Broadhead	S. Jared Pitts, Reg. No. 38,579						
COMPANY: USPTO	SEPTEMBER 3, 2004						
703.872.9306	TOTAL NO. OF PAGES INCLUDING COVER:						
PHONE NUMBER: 703.308.4357	SENDER'S REFERENCE NUMBER: 170-00-004—1170						
RE:	RECIPIENTS REFERENCE NUMBER:						
Response	10/053,183						

NOTES/COMMENTS:

FORMAL COMMUNICATION INTENDED FOR **ENTRY**

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TRANSMIT	ΓAL	Application Number	r 10/053.183					
FORM (to be used for all correspondence after initial filing)		Filing Date	November 9, 2001					
		First Named Invento	or Kenneth W. HENRY					
		Group Art Unit	3661					
		Examiner Name	Brian J. Broadhead					
Total Number of Pages in This	Submission 13	Attorney Docket Num	nber 170-00-004-1170					
ENCLOSURES (check all that apply)								
Fee Transmittal Form	Assignr (for en	nent Papers Application)	After Allowance Communication to Group					
Fee Attached	Drawing		Appeal Communication to Board Appeals and Interferences					
Amendment / Reply	Licensin	ng-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)					
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Affidavits/declaration(s)		to Convert to a nal Application	Status Letter					
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Response to Missing Parts/	Remarks							
Incomplete Application Response to Missing Par under 37 CFR 1.52 or 1.5	ts i3							
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or S. Jared Pitts, Re	eg. No. 38,579	1	•					
Signature	I KN							
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FEE TRANSMITTAL				Complete if Known						
				Application Number 10/0				53,183		
				Filing Date No			vember 9, 2001			
for FY 2004							eth W. HEN	RY		
				Examiner Name Bri			an J. Broadhead			
Effective 01/01/2003. Palent fees are subject to annual revision. Applicant Claims small entity status. See 37 CFR 1.27			Art Unit 3661					,		
			Attorney Docket No. 170-00-004-1170				<u> </u>			
TOTAL AMOUNT OF PAYMENT (\$) 172.00		Au	Audiney Docker No. 170-00-004-1170							
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1205 18 2205 9 ***Relssue claims in excess of 20 and over original patent									<u> </u>	
SUBTOTAL (2) (\$) 172.00	Other fe	e (spec	:Hy)							
** or number previously paid, if greater, For Ressues, see above	Reduced	d by Bas	ic Filing	Fee Paid		SUB	TÓTAL (3)	(\$)		
SUBMITTED BY Complete (# applicable)										
Name (Print/Type) S. Jared Pitts		ttration N mey/Age		38,57	9		Telephone	(480) 385-	5060	

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